

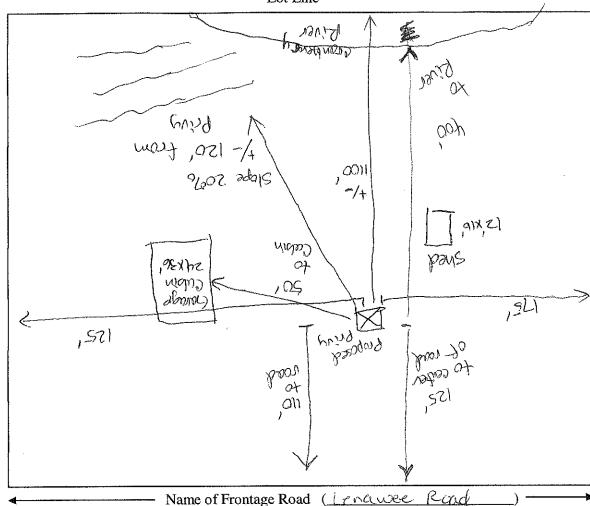
BAYFIELD COUNTY SANITARY PERMIT APPLICATION

I. APPLICATION INFORMATION (Please Print All Information)	Soil Test County No: Permit No: 1/0-0287					
Property Owner's Name Scott Davis and Johnne Norty - Davis	County: Bayfield					
	Property Location:					
Property Owner's Mailing Address	NE 14 NW 14, S 28 T 50 N, R 7 E (or) (C)					
12990 Co Kd (8	Township Gov. Lot #:					
City, State Zip Code Phone Number	Lot # Block #: Subdivision Name or					
Hiblam, MN 55746 218-969-3785 II. TYPE OF BUILDING: (Check One)	DECEM#VE M					
State Owned	Parcel ID					
Public (Explain the use/purpose) 1 or 2 Family Dwelling - No. of Bedrooms0	Tax Number(s): AUG 0 8 2016					
III. TYPE OF PERMIT: (Check only one box on line A. Check	Dardiold C. T.					
A) New Replacement C	ounty Private Interceptor Daylield Co. Zoning Dept.					
1. Reconnection 2. Repair 3. Repair	evision ** Transfer of Owner (List Previous Owner below)					
	12 (2/72					
	us Permit Number: 3-0172 Date Issued: July 8, 2013					
Professional Control of the Control	eplacements need previous permit number and date filled out above					
C) Pit Privy Vault Privy (Vault size: 300 gallons or 1.5 cubic yards)						
Portable Privy (Temporary Use Only)	Composting Toilets					
V. ABSORPTION SYSTEM INFORMATION:						
	ading Rate 5. Perc. Rate 6. System 7. Final Grade Elev. (Feet) Elev. (Feet)					
VI. TANK Capacity In Gallons Total # of	Manufacturer's Prefab. Site 6 Fiber 5 Exper.					
INFORMATION: In Gallons Total # of Gallons Tanks Tan	Manufacturer's Prefab. Name Concrete Constructed Steel Fiber- glass Plastic Exper. App.					
Septic Tank or Holding 500 500	NORSCO X					
Lift Pump Tank / Siphon /	40785					
Chamber MATERIAN VII. RESPONSIBILITY STATEMENT:						
I the undersigned, assume responsibility for installation of the onsit	e sewage system shown on the attached plans.					
	r's / Owner's Signature: (No Stamps) MP/MPRSW No:					
Phymba's Address (Street City State Tip God)	Home Phone: Business Phone:					
Plumber's Address: (Street, City State, Zip Code) Home Phone: Business Phone: (2990 C.R. 18, Hubbing MN 55746 218-969-3785						
VIII. COUNTY / DEPARTMENT USE ONLY						
Disapproved Sanitary Permit/Tran	sfer Fee: Date Issued: Issuing Agent's Signature / Date:					
Approved Owner Given Initial Adverse Determination	18-16 10-26-16 1043128					
IX. CONDITIONS OF APPROVAL / REASONS FOR DISAP						
system shall be m	aintained per recorded					
system Shall the forts	udng9					
OCT 26	2016					
Secretarial,	Plot Plan on reverse side					

MMBC

TUNANTO

Lot Line



I min

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).

- 2. Show the approximate location and size of the building.
- 3. Show the location of the well, septic tank and drain field.
- 4. Show the location of any lake, river, stream or pond if applicable.
- 5. Show the approximate location of other existing structures.
- 6. Show the approximate location of any wetlands or slopes over 20 percent.
- 7. Show dimensions in feet on the following:
 - a. Building to all lot lines
 - b Building to centerline of road
 - c. Building to lake, river, stream or pond
 - d. Septic / holding tank to closest lot line
 - e. Septic/holding tank to building
 - f. Septic / holding tank to well
 - g. Septic / holding tank to lake, river, stream or pond
 - h. Privy to closest lot line 110

IS NECESSARY, FOLLOW STEPS 1-7 COMPLETELY

IMPORTANT DETAILED PLOT PLAN

- i. Privy to building 50
- j. Privy to lake, river, stream or pond 400'
- k. Drain field to closest lot line
- 1. Drain field to building
- m. Drain field to well
- n. Drain field to lake, river, stream or pond
- o. Well to building

DECEIVE BAYFIELD COUNTY OCT 1420 SANITARY PERMIT APPLICATION



Zoning District ______

I. APPLICATION INFORMATION (Please Print All Information) (Please Print All Information)	Soil Test No:	Coun	ty it No: 16-03	88
Property Owner's Name: \	County:		Bayfield	
Frank ROENVI	Dranarty Location	•		
Address of Property:	Property Location		° % N D "	7 E (or (W)
Address of Property: **EXX TBD LENAUTE applied For Property Owner's Mailing Address:		:¼, s 3 3 T	3 0 N, N 3 Ov. Lot #:	T E (or (VV)
Property Owner's Mailing Address:	Township:			
City, State Zip Code Phone Number	Lot#	Block #:	Subdivision Nam	ne or CSM #:
II. TYPE OF BUILDING (Check One)				
State Owned	Parcel ID Tax Number(s):	11 000		
Public (Explain the use/purpose)	tax rambol(o).	11993		
1 or 2 Family Dwelling - No. of Bedrooms III. TYPE OF PERMIT: (Check only one box on line A. Check box	on line B if applica	hle)		
	/ Private Interceptor		NICHARY THE THE THE THE THE	
A) New Replacement County				
Reconnection Repair Revision	on ** 🗌 Trai	nsfer of Owner (L	ist Previous Own	er below)
	-			
B) A Sanitary Permit was previously issued. <i>Previou</i>				
IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replace	ements need previo	ous permit numbe	r and date filled ou	it above
C) Pit Privy X Vault Privy (Vault size: 🗟	☑gallons orc	cubic yards)		
Portable Privy Camping Transfer Unit Contain	er Comp	osting Toilets	Incinerating	Toilet
V. ABSORPTION SYSTEM INFORMATION:				
1. Gallons 2. Absorp. Area 3. Absorp. Area 4. L		la de la companya de	. ,	7. Final Grade
Per Day Required (Sq.Ft.) Proposed (Sq. Ft.) (Gal	s. / Day / Sq.Ft.)	(Min. Inch)	Elev.(Feet)	Elev. (Feet)
VI. TANK Capacity INFORMATION: In Gallons Total # of Ma	anufacturer's Pre	fab. Site	Fiber-	Exper.
INFORMATION: In Gallons Total # of Marks Tanks Tanks Marks		crete Constructed	I Steel I	Plastic App.
Septic Tank or		3		
Holding Tank		_ レン		
Holding Tank Lift Pump Tank / Siphon Chamber		Plastic	in the second	
Lift Pump Tank / Siphon Chamber VII. RESPONSIBILITY STATEMENT:		Plastic culvest concre	ř.	
Lift Pump Tank / Siphon Chamber VII. RESPONSIBILITY STATEMENT: I the undersigned, assume responsibility for installation of the onsit		Plastic culvests hown on the attack		
Lift Pump Tank / Siphon Chamber VII. RESPONSIBILITY STATEMENT: I the undersigned, assume responsibility for installation of the onsit Owner's Name(s): (Print) If applying for Section C above	Owner's Signat	hown on the attac ure(s): (No Stam	ps)	
Lift Pump Tank / Siphon Chamber VII. RESPONSIBILITY STATEMENT: I the undersigned, assume responsibility for installation of the onsit Owner's Name(s): (Print) If applying for Section C above		hown on the attac ure(s): (No Stam		lo:
Lift Pump Tank / Siphon Chamber VII. RESPONSIBILITY STATEMENT: I the undersigned, assume responsibility for installation of the onsit Owner's Name(s): (Print) If applying for Section C above	Owner's Signat	hown on the attac ure(s): (No Stam	MP/MPRSW N	
Lift Pump Tank / Siphon Chamber VII. RESPONSIBILITY STATEMENT: I the undersigned, assume responsibility for installation of the onsit Owner's Name(s): (Print) If applying for Section C above	Owner's Signat	hown on the attac ure(s): (No Stam	PS	
Lift Pump Tank / Siphon Chamber VII. RESPONSIBILITY STATEMENT: I the undersigned, assume responsibility for installation of the onsit Owner's Name(s): (Print) If applying for Section C above Plumber's Name: (Print) If applying for Section A or B) above Plumber's Address: (Street, City State, Zip Code) VIII. COUNTY / DEPARTMENT USE ONLY	Owner's Signat シオ (ハ per's Signature: (No Home Phone:	hown on the attac ure(s): (No Stam o Stamps)	MP/MPRSW N Business Phor	76:
Lift Pump Tank / Siphon Chamber VII. RESPONSIBILITY STATEMENT: I the undersigned, assume responsibility for installation of the onsit Owner's Name(s): (Print) If applying for Section C above Plumber's Name: (Print) If applying for Section A or B) above Plumber's Address: (Street, City State, Zip Code) VIII. COUNTY / DEPARTMENT USE ONLY Disapproved Sanitary Permit	Owner's Signatore: (Note that the state of t	hown on the attac ure(s): (No Stam o Stamps)	MP/MPRSW N	76:
Lift Pump Tank / Siphon Chamber VII. RESPONSIBILITY STATEMENT: I the undersigned, assume responsibility for installation of the onsit Owner's Name(s): (Print) If applying for Section C above Plumber's Name: (Print) If applying for Section A or B) above Plumber's Address: (Street, City State, Zip Code) VIII. COUNTY / DEPARTMENT USE ONLY	Owner's Signature: (Note that the state of t	hown on the attac ure(s): (No Stam o Stamps)	MP/MPRSW N Business Phor	76:
Lift Pump Tank / Siphon Chamber VII. RESPONSIBILITY STATEMENT: I the undersigned, assume responsibility for installation of the onsit Owner's Name(s): (Print) If applying for Section C above Plumber's Name: (Print) If applying for Section A or B) above Plumber's Address: (Street, City State, Zip Code) VIII. COUNTY / DEPARTMENT USE ONLY Approved Owner Given Initial Adverse Determination	Owner's Signature: (Note of the Phone: Home Phone:	hown on the attac ure(s): (No Stam o Stamps)	MP/MPRSW N Business Phor	ne: gnature / Date:
Lift Pump Tank / Siphon Chamber VII. RESPONSIBILITY STATEMENT: I the undersigned, assume responsibility for installation of the onsit Owner's Name(s): (Print) If applying for Section C above Plumber's Name: (Print) If applying for Section A or B) above Plumber's Address: (Street, City State, Zip Code) VIII. COUNTY / DEPARTMENT USE ONLY Disapproved Owner Given Initial Adverse Determination IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPRO	Owner's Signature: (Note of the Phone: It/Transfer Fee:	hown on the attac ure(s): (No Stam o Stamps)	MP/MPRSW N Business Phor	ne: gnature / Date:
Lift Pump Tank / Siphon Chamber VII. RESPONSIBILITY STATEMENT: I the undersigned, assume responsibility for installation of the onsit Owner's Name(s): (Print) If applying for Section C above Plumber's Name: (Print) If applying for Section A or B) above Plumber's Address: (Street, City State, Zip Code) VIII. COUNTY / DEPARTMENT USE ONLY Approved Owner Given Initial Adverse Determination	Owner's Signature: (Note of the Phone: It/Transfer Fee:	hown on the attac ure(s): (No Stam o Stamps)	MP/MPRSW N Business Phor	ne: gnature / Date:

Secretarial Staff

	A CONTRACTOR OF THE CONTRACTOR	1.141.41	Lot Line		

4		Name of Frontag	ge Road (
Name the f	frontage road a	nd use as a guide	eline, fill in the l	ot dim	ensions and indicate North (N).
Show the a	approximate loc	ation and size of	the building.		IMPORTANT DETAILED PLOT PLAN
Show the loc	cation of the well	l, septic tank and dr	ain field.		IS NECESSARY, FOLLOW STEPS 1-7 (a-o) COMPLETELY
Show the lo	ocation of any I	ake, river, stream	or pond if app	licable	
Show the a	approximate loc	ation of other exis	sting structures	i.	
Show the a	approximate loc	ation of any wetla	ands or slopes	over 20	0 percent.
Show dime	ensions in feet o	on the following:			
a. Buildin				i.	Privy to building

Submit To: Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891

1.

2.

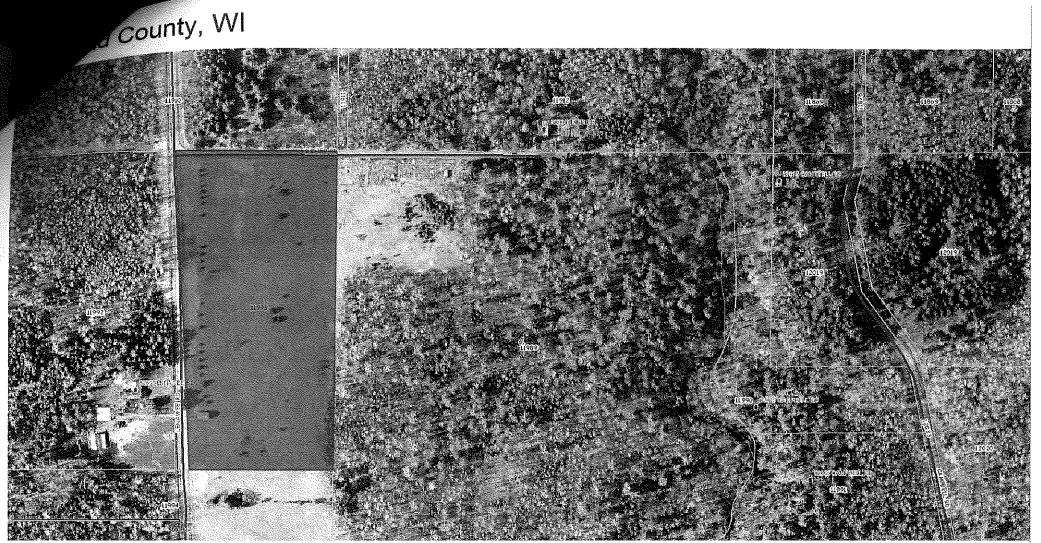
3.

4.

5.

6.

7.



© Copyright 2008 ESRI. All rights reserved. Printed on Fri Oct 14 2016 01:26:57 PM.